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(54) Title: A DELIVERY SYSTEM FOR AN ORAL CARE SUBSTANCE USING A STRIP OF MATERIAL HAVING LOW FLEXURAL STIFFNESS (57) Abstract A system for delivering an oral care substance to the oral surface, the delivery system comprising a strip of flexible material having a sufficient flexibility to form to the contours of the oral surface. The strip of material is readily conformable to oral surfaces without permanent deformation when the delivery system is placed thereagainst. The oral care substance is applied to the strip of material such that when the delivery system is placed on the oral surface the active contacts the surface. The oral care substance also provides adhesive attachment between the strip of material and the oral surface so as to hold the delivery system in place for a sufficient amount of time to allow the active to act upon the oral surface. Methods of delivering the oral care substance to the oral surface include pre-coating the strip of material, having the wearer apply oral care substance to the strip of material, or having the wearer apply the oral care substance directly to the oral surface and immediately applying the strip of material over the applied oral care substance.		

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**A DELIVERY SYSTEM FOR AN ORAL CARE SUBSTANCE USING A
STRIP OF MATERIAL HAVING LOW FLEXURAL STIFFNESS**

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a continuation-in-part of the co-pending prior application, Serial Number 08/870,664, filed on June 6, 1997.

FIELD OF THE INVENTION

The present invention relates to a system for the delivery of an oral care substance or composition to oral surfaces including teeth, gingival and mucosal tissues wherein the oral care substance is protected from erosion and interaction with saliva within the mouth for a time sufficient for the active in the oral care substance to provide a therapeutic benefit. Even more particularly, the present invention relates to disposable delivery systems that are inexpensive and unobtrusive.

BACKGROUND OF THE INVENTION

A recognized consumer need is a low cost commercial oral care delivery system that is comfortable to wear that can deliver a sufficient amount of an oral care substance for rapid delivery of an active contained in such substance. In addition a delivery system is needed which does not require extensive user placement manipulation to be certain of good contact for optimal delivery. Furthermore, what is needed is a non-bulky active containment means that will permit the wearer to use the system during social discourse without interfering with the wearer's speech or appearance. Also needed is a containment means that will protect oral care substance from erosion from contact with other oral surfaces and, or saliva.

SUMMARY OF THE INVENTION

In practicing the present invention, a strip of material is applied by the wearer to a desired oral surface within the oral cavity . The side of the strip of material facing the oral surface is either coated with an oral care substance or the oral surface is coated with the oral care substance and the strip of material is immediately placed over this oral care substance. In either case, the oral care substance is viscous, such as a gel, so that it provides even dosing of the active and tackiness between the oral surface and the strip of material for holding the strip of material in place. The strip of material is preferably of a size that fits the need. For example, the strip may be the shape and size large enough to completely cover a small lesion on the oral surface it is to be used for, or large enough to cover oral surfaces such as the entire upper or lower gingival surfaces and, or its adjoining teeth. As a soft, conformable material, the strip may come into contact with the wearer's gums without causing physical irritation. The strip of material readily conforms to the oral surface by lightly pressing it there against. The strip of material is readily conformable without permanent deformation to a shape the oral surface when the delivery system is placed thereagainst. The strip of material is easily removed by the wearer after use by peeling it off. Preferably each successive treatment uses a fresh strip of material is used in.

By being a relatively thin coating, the oral care substance is used in relatively low amounts compared to amounts of an oral care substance normally used with conventional delivery devices. By using such low amounts, the oral care substance is not wasted, little of the substance is accidentally ingested and irritation caused by exposure of sensitive tissue to such substances is reduced. The strip of material and oral care substance may be substantially transparent so as to be almost unnoticeable when worn on oral surfaces visible to others, such as the front teeth and their surrounding gingival tissue.

The delivery system also includes the oral care substance applied to the strip of material such that when the delivery system is placed on an oral surface, the oral care substance contacts the surface providing an active onto the surface. The oral care substance also provides adhesive attachment between the strip of

material and the oral surface to hold the delivery system in place for a sufficient time to allow the active to act upon the surface. Preferably, the oral care substance is in the form of a gel, that is a substantially uniform continuous coating on the strip of material.

Another aspect of the present invention is the method for delivering the oral care substance to the oral surface by applying the oral care substance onto a conformable strip of material. An alternative step is applying the oral care substance directly to the oral surface and immediately placing the strip of material over the applied oral care substance. Either way the oral care substance delivers an oral care active onto the oral surface and also provides adhesive attachment between the strip of material and the oral surface to maintain the delivery system in place for a sufficient time to allow the active to act upon the surface.

BRIEF DESCRIPTION OF THE DRAWINGS

While the specification concludes with claims which particularly point out and distinctly claim the present invention, it is believed that the present invention will be better understood from the following description of preferred embodiments, taken in conjunction with the accompanying drawings, in which like reference numerals identify identical elements and wherein:

FIG. 1 is a perspective view of a substantially flat strip of material having rounded corners;

FIG. 2 is a perspective view of an embodiment of the present invention, disclosing the flat strip of FIG. 1 coated with an oral care substance for treating teeth;

FIG. 3 is a cross-sectional view thereof, taken along section line 3-3 of FIG. 2, disclosing an example of the flat strip of material having a thickness less than that of the substance coated thereon;

FIG. 4 is a cross-sectional view showing an alternative embodiment of the present invention, showing shallow pockets in the strip of material, which act as reservoirs for additional oral care substance coated on the strip;

FIG. 5 is a cross-sectional plan view thereof, showing an alternative embodiment for applying oral care substances for treating teeth to adjacent teeth having the strip of material of the present invention conforming thereto and adhesively attached to the teeth by means of the oral care substance located between the teeth and the strip of material;

FIG. 6 is a cross-sectional elevation view of a tooth and adjoining soft tissue, taken along section line 6-6 of FIG. 5, disclosing the strip of material of the present invention conforming to and adhesively attached to the teeth by means of the oral care substance located between the teeth and the strip of material;

FIG. 7 is a cross-sectional plan view, similar to FIG. 5, showing a strip of material of the present invention conforming to the teeth and the adjoining soft tissue and adhesively attached to both sides of the teeth by means of the oral care substance located between the teeth and the strip of material;

FIG. 8 is a cross-sectional elevation view, taken along section line 8-8 of FIG. 7, showing a strip of material of the present invention conforming to both the tooth and the adjoining soft tissue and adhesively attached to both sides of the tooth by means of the oral care substance located between the tooth and the strip of material;

FIG. 9 is a perspective view of an alternative embodiment of the present invention, disclosing the flat strip of material coated with an oral care substance of FIG. 2 for treating teeth having a release liner; and

FIG. 10 is a cross-sectional view of an alternative embodiment of the present invention, taken along section line 10-10 of FIG. 9, showing a release liner attached to the strip of material by the oral care substance on the strip of material.

DETAILED DESCRIPTION OF THE INVENTION

The abbreviation "cm", as used herein, means centimeter. The abbreviation "mm" as used herein, means millimeter.

Referring now to the drawings, and more particularly to FIGS. 1 and 2, there is shown a first preferred embodiment of the present invention, generally indicated as 10, representing a delivery system for delivering an oral care

substance to an oral surface. Delivery system 10 has a strip of material 12, which is initially substantially flat, preferably with rounded corners.

Applied or coated onto strip of material 12 is an oral care substance 14. Preferably, oral care substance 14 is homogeneous, uniformly and continuously coated onto strip of material 12, as shown in FIG. 3. However, oral care substance 14 may alternatively be a laminate or separated layers of components, an amorphous mixture of components, separate stripes or spots or other patterns of different components, or a combination of these structures including a continuous coating of oral care substance 14 along a longitudinal axis of a portion of strip of material 12.

As shown in FIG. 4, an alternative embodiment, a strip of material 12 may have shallow pockets 18 formed therein. When oral care substance 14 is coated on a substance-coated side of strip of material 12, additional oral care substance 14 fills shallow pockets 18 to provide reservoirs of additional oral care substance 14.

FIGS. 5 and 6 show a delivery system 24 of the present invention applied to a surface of a tooth and plurality of adjacent teeth. Embedded in adjacent soft tissue 20 are a plurality of adjacent teeth 22. Adjacent soft tissue is herein defined as soft tissue surfaces surrounding the tooth structure including: papilla, marginal gingiva, gingival sulculus, inter dental gingiva, gingival gum structure on lingual and buccal surfaces up to and including muco-ginival junction and the pallet.

In both FIGS. 5 and 6, delivery system 24 represents strip of material 12 and oral care substance 14, with oral care substance 14 on the side of strip of material 12 facing tooth 22. Oral care substance 14 may be pre-applied to strip of material 12, or applied to strip of material 12 by the delivery system user, or applied directly to the teeth 22 and then covered by strip of material 12. In either case, strip of material 12 has a thickness and flexural stiffness which enable it to conform to the contoured surfaces of tooth 22 and to adjacent soft tissue 20. The strip of flexible material has sufficient flexibility to form to the contours of the oral surface, in this figure the surface being a plurality of adjacent teeth. The strip of material is also readily conformable to tooth surfaces and to the interstitial tooth

spaces without permanent deformation when the delivery system is applied. The delivery system is applied without significant pressure.

FIGS. 7 and 8 show a delivery system 24 of the present invention applied to both front and rear surfaces of a plurality of adjacent teeth 22 as well as to adjacent soft tissue 20. Delivery system 24 represents strip of material 12 and oral care substance 14, with oral care substance 14 on the side of strip of material 12 facing tooth 22.

FIGS. 9 and 10 shows optional release liner 27. Release liner 27 is attached to strip of material 12 by oral care substance 14. Oral care substance 14 is on the side of strip of material 12 facing release liner 27. This side is applied to the tooth surface once release liner 27 is removed.

Strip of Material

The strip of material serves as a protective barrier for the oral care substance. It prevents substantial leaching and/or erosion of the oral care substance by for example, the wearer's lips, tongue, as well as saliva. This allows the active in the oral care composition to act upon the oral surface for an extended period of time, from several minutes to several hours. The term "act upon" is herein defined as bringing about a desired change. For example, if the oral care substance is an anti-gingivitis substance, it reduces or eliminates bleeding and promotes healing of the gingival tissue.

The strip of material may comprise polymers, natural and synthetic woven materials, non-woven material, foil, paper, rubber, and combinations thereof. The strip of material may be a single layer of material or a laminate of more than one layer. Regardless of the number of layers, the strip of material is substantially water impermeable. Preferably, the material is any type of polymer or combination of polymers that meet the required flexural rigidity and are compatible with oral care substances. Suitable polymers include, but are not limited to, polyethylene, ethylvinylacetate, polyesters, ethylvinyl alcohol and combinations thereof. Examples of polyesters include Mylar® and fluoroplastics such as Teflon®, both manufactured by DuPont. The preferable material is polyethylene. The strip of material is generally less than about 1 mm thick,

preferably less than about 0.05 mm thick, and more preferably from about 0.001 to about 0.03 mm thick. A polyethylene strip of material is preferably less than about 0.1 mm thick and more preferably from about 0.005 to about 0.02 mm thick.

The shape of the strip of material is any shape and size that covers the desired oral surface. Preferably the strip of material has rounded corners. Rounded corners is defined as not having any sharp angles or points. In one example, the length of the strip of material is from about 2 cm to about 12 cm and preferably from about 4 cm to about 9 cm. The width of the strip of material will also depend upon the oral surface area to be covered. In one example, the width of the strip of material is from about 0.5 cm to about 4 cm and preferably from about 1 cm to about 2 cm.

The strip of material may contain shallow pockets. When the oral care substance is coated on a strip of material, additional oral care substance fills shallow pockets to provide reservoirs of additional oral care substance. Additionally, the shallow pockets help to provide texture to the delivery system. The film will preferably have an array of shallow pockets. Generally, the shallow pockets are approximately 0.4 mm across and 0.1 mm deep. When shallow pockets are included in the strip of material and oral care substances are applied to it in various thicknesses, the overall thickness of the delivery system is generally less than about 1 mm. Preferably, the overall thickness is less than about 0.5 mm.

Flexural stiffness is a material property that is a function of a combination of strip thickness, width, and material modulus of elasticity. This test is a method for measuring the rigidity of polyolefin film and sheeting. It determines the resistance to flexure of a sample by using a strain gauge affixed to the end of a horizontal beam. The opposite end of the beam presses across a strip of the sample to force a portion of the strip into a vertical groove in a horizontal platform upon which the sample rests. A microammeter, wired to the strain gauge is calibrated in grams of deflection force. The rigidity of the sample is read directly from the microammeter and expressed as grams per centimeter of sample strip width. In the present invention, the strip of material has a flexural stiffness of less

than about 5 grams/cm as measured on a Handle-O-Meter, model #211-300, available from Thwing-Albert Instrument Co. of Philadelphia, PA, as per test method ASTM D2923-95. Preferably, the strip of material has a flexural stiffness less than about 3 grams/cm, more preferably less than about 2 grams/cm, and most preferably from about 0.1 grams/cm to about 1 grams/cm. Preferably, the flexural stiffness of the strip of material is substantially constant and does not change during normal use. For example, the strip of material does not need to be hydrated for the strip to achieve the low flexural stiffness in the above-specified ranges.

This relatively low stiffness enables the strip of material to cover the contours of the oral surface with very little force being exerted. That is, conformity to the contours of the oral surface of the wearer's mouth is maintained because there is little residual force within the strip of material to cause it to return to its shape just prior to its application to the oral surface, i.e. substantially flat. The strip of material's flexibility enables it to contact soft tissue over an extended period of time without irritation. The strip of material does not require pressure forming it against the oral surface.

The strip of material is held in place on the oral surface by adhesive attachment provided by the oral care substance. The viscosity and general tackiness of the oral care substance cause the strip of material to be adhesively attached to the oral surface without substantial slippage from the frictional forces created by the lips, teeth, tongue and other oral surfaces rubbing against the strip of material while talking, drinking, etc. However, this adhesion to the oral surface is low enough to allow the strip of material to be easily removed by the wearer by simply peeling off the strip of material using ones finger, fingernail or rubbing with a soft implement such as a cotton balls and swabs or gauze pads. The delivery system is easily removable from the oral surfaces without the use of an instrument, a chemical solvent or agent or excessive friction. The chemical solvents include organic solvent known for use in the oral cavity such as alcohols, and other safe solvents such as water, that can be used to dilute the gelling agent.

The peel force required to remove the strip of material from the oral surface is from about 1 gram to about 50 grams for a 1.5 cm strip width (approximately 17 grams/cm) is all that is required. Preferably, the peel force is from about 10 grams to about 40 grams and more preferably from about 20 grams to about 30 grams. The low peel force is desired for consumer handling purposes. The low peel force is possible because of the non-aggressive nature of the oral care substance necessary to adhere the strip of material having lower flexural stiffness. That is a strip of material having high flexural stiffness higher would require an aggressive adhesive to stop the strip of material from pulling it away from the contours of the oral surface it is attached to.

The strip of material may be formed by several of the film making processes known in the art. Preferably, a strip of material made of polyethylene is made by a blown process or a cast process. Other processes, including extrusion or processes that do not affect the flexural rigidity of the strip of material are also feasible. Additionally, the oral care substance may be incorporated onto the strip during the processing of the strip. The oral care substance may be a laminate on the strip.

Oral Care Substances

The oral care substance preferably contains an active at a level where upon directed use, promotes the benefit sought by the wearer without detriment to the oral surface it is applied to. Examples of the oral conditions these actives address include, but, are not limited to appearance and structural changes to teeth, whitening, stain bleaching, stain removal, plaque removal, tartar removal, cavity prevention and treatment, inflamed and, or bleeding gums, mucosal wounds, lesions, ulcers, aphthous ulcers, cold sores and tooth abscesses.

The amount of oral care substance applied to the strip of material or oral surface depends upon the size and capacity of the piece of material, concentration of the active, and the desired benefit sought. Generally, less than about 1 gram of oral care substance is required. Preferably, from about 0.05 grams to about 0.5 grams and more preferably from about 0.1 gram to about 0.4 grams of the oral care substance is used. The amount of oral care substance per square cm of

material is less than about 0.2 grams/cm², preferably from about 0.005 to about 0.1 grams/cm², and more preferably from about 0.01 grams/cm² to about 0.04 grams/cm².

The oral care substance of the present invention can be in the form of a viscous liquid, paste, gel, solution, or other suitable that can provide sufficient adhesion. Preferably, the oral care substance is in the form of a gel. The oral care substance will have a viscosity of from about 200 to about 1,000,000 cps at low shear rates (less than one 1/seconds). Preferably, the viscosity is from about 100,000 to about 800,000 cps and more preferably from about 400,000 to about 600,000 cps.

Oral Care Actives

Suitable for oral care actives include any material that is generally considered as safe for use in the oral cavity that provides changes to the overall health of the oral cavity, and specifically the condition of the oral surfaces the oral care substance contacts. The level of oral care substance in the present invention is from about 0.01% to about 40%, preferably from about 0.1% to about 20%, more preferably from about 0.5% to about 10%, and most preferably from about 1% to about 7%, by weight of the oral care substance.

Oral care compositions or substances of the present invention may include many of the actives previously disclosed in the art. The following is a non all-inclusive list of oral care actives that may be used in the present invention:

1. Teeth Whitening Actives

Teeth whitening actives may be included in the oral care substance of the present invention. The actives suitable for whitening are selected from the group consisting of the peroxides, metal chlorites, perborates, percarbonates, peroxyacids, and combination thereof. Suitable peroxide compounds include hydrogen peroxide, calcium peroxide, carbamide peroxide, and mixtures thereof. Most preferred is carbamide peroxide. Suitable metal chlorites include calcium chlorite, barium chlorite, magnesium chlorite, lithium chlorite, sodium chlorite, and potassium chlorite. Additional whitening actives may be hypochlorite and chlorine dioxide. The preferred chlorite is sodium chlorite.

2. Phosphates

Anti-tartar agents known for use in dental care products includes phosphates. Phosphates include pyrophosphates, polyphosphates, polyphosphonates and mixtures thereof. Pyrophosphates are among the best known for use in dental care products. Pyrophosphate ions are delivered to the teeth derive from pyrophosphate salts. The pyrophosphate salts useful in the present compositions include the dialkali metal pyrophosphate salts, tetra-alkali metal pyrophosphate salts, and mixtures thereof. Disodium dihydrogen pyrophosphate ($\text{Na}_2\text{H}_2\text{P}_2\text{O}_7$), tetrasodium pyrophosphate ($\text{Na}_4\text{P}_2\text{O}_7$), and tetrapotassium pyrophosphate ($\text{K}_4\text{P}_2\text{O}_7$) in their unhydrated as well as hydrated forms are the preferred species. While any of the above mentioned pyrophosphate salts may be used, tetrasodium pyrophosphate salt is preferred.

The pyrophosphate salts are described in more detail in Kirk & Othmer, *Encyclopedia of Chemical Technology*, Third Edition, Volume 17, Wiley-Interscience Publishers (1982), incorporated herein by reference in its entirety, including all references incorporated into Kirk & Othmer. Additional anticalculus agents include pyrophosphates or polyphosphates disclosed in U.S. Patent No. 4,590,066 issued to Parran & Sakkab on May 20, 1986; polyacrylates and other polycarboxylates such as those disclosed in U.S. Patent No. 3,429,963 issued to Shedlovsky on February 25, 1969 and U.S. Patent No. 4,304,766 issued to Chang on December 8, 1981; and U.S. Patent No. 4,661,341 issued to Benedict & Sunberg on April 28, 1987; polyepoxysuccinates such as those disclosed in U.S. Patent No. 4,846,650 issued to Benedict, Bush & Sunberg on July 11, 1989; ethylenediaminetetraacetic acid as disclosed in British Patent No. 490,384 dated February 15, 1937; nitrilotriacetic acid and related compounds as disclosed in U.S. Patent No. 3,678,154 issued to Widder & Briner on July 18, 1972; polyphosphonates as disclosed in U.S. Patent No. 3,737,533 issued to Francis on June 5, 1973, U.S. Patent No. 3,988,443 issued to Ploger, Schmidt-Dunker & Gloxhuber on October 26, 1976 and U.S. Patent No. 4,877,603 issued to Degenhardt & Kozikowski on October 31, 1989; all of these patents are incorporated herein by reference. Anticalculus phosphates include potassium and sodium pyrophosphates; sodium tripolyphosphate; diphosphonates, such as ethane-1-

hydroxy-1,1-diphosphonate, 1-azacycloheptane-1,1-diphosphonate, and linear alkyl diphosphonates; linear carboxylic acids; and sodium zinc citrate.

Agents that may be used in place of or in combination with the pyrophosphate salt include such known materials as synthetic anionic polymers including polyacrylates and copolymers of maleic anhydride or acid and methyl vinyl ether (e.g., Gantrez), as described, for example, in U.S. Patent 4,627,977, to Gaffar et al., the disclosure of which is incorporated herein by reference in its entirety; as well as, e.g., polyamino propoane sulfonic acid (AMPS), zinc citrate trihydrate, polyphosphates (e.g., tripolyphosphate; hexametaphosphate), diphosphonates (e.g., EHDP; AHP), polypeptides (such as polyaspartic and polyglutamic acids), and mixtures thereof.

3. Fluoride Ion Source

Fluoride ion sources are well known for use in oral care compositions as anticaries agents. Fluoride ions are contained in a number of oral care compositions for this purpose, particularly toothpastes. Patents disclosing such toothpastes include U.S. Pat. No. 3,538,230, Nov. 3, 1970 to Pader et al; U.S. Pat. No. 3,689,637, Sept. 5, 1972 to Pader; U.S. Pat. No. 3,711,604, Jan 16, 1973 to Colodney et al; U.S. Pat. No. 3,911,104, Oct. 7, 1975 to Harrison; U.S. Pat. No. 3,935,306, Jan. 27, 1976 to Roberts et al; and U.S. Pat. No. 4,040,858, Aug. 9, 1977 to Wason.

Application of fluoride ions to dental enamel serves to protect teeth against decay. A wide variety of fluoride ion-yielding materials can be employed as sources of soluble fluoride in the instant compositions. Examples of suitable fluoride ion-yielding materials are found in Briner et al; U.S. Pat. No. 3,535,421; issued Oct. 20, 1970 and Widder et al; U.S. Pat. No. 3,678,154; issued July 18, 1972, both patents being incorporated herein by reference. Preferred fluoride ion sources for use herein include sodium fluoride, potassium fluoride and ammonium fluoride. Sodium fluoride is particularly preferred. Preferably the instant compositions provide from about 50 ppm to 10,000 ppm, more preferably from about 100 to 3000 ppm, of fluoride ions in the aqueous solutions that contact dental surfaces when used with the strip of material used in the mouth.

4. Antimicrobial Agents

Antimicrobial agents can also be present in the oral care compositions or substances of the present invention. Such agents may include, but are not limited to, triclosan, 5-chloro-2-(2,4-dichlorophenoxy)-phenol, as described in The Merck Index, 11th ed. (1989), pp. 1529 (entry no. 9573) in U.S. Patent No. 3,506,720, and in European Patent Application No. 0,251,591 of Beecham Group, PLC, published January 7, 1988; chlorhexidine (Merck Index, no. 2090), alexidine (Merck Index, no. 222); hexetidine (Merck Index, no. 4624); sanguinarine (Merck Index, no. 8320); benzalkonium chloride (Merck Index, no. 1066); salicylanilide (Merck Index, no. 8299); domiphen bromide (Merck Index, no. 3411); cetylpyridinium chloride (CPC) (Merck Index, no. 2024; tetradecylpyridinium chloride (TPC); N-tetradecyl-4-ethylpyridinium chloride (TDEPC); octenidine; delmopinol, octapinol, and other piperidino derivatives; nicin preparations; zinc/stannous ion agents; antibiotics such as augmentin, amoxicillin, tetracycline, doxycycline, minocycline, and metronidazole; and analogs and salts of the above antimicrobial antiplaque agents

5. Anti-inflammatory Agents

Anti-inflammatory agents can also be present in the oral care compositions or substances of the present invention. Such agents may include, but are not limited to, non-steroidal anti-inflammatory agents or NSAIDs such as ketorolac, flurbiprofen, ibuprofen, naproxen, indomethacin, aspirin, ketoprofen, piroxicam and meclofenamic acid. Use of NSAIDs such as Ketorolac are claimed in U.S. Patent 5,626,838, issued May 6, 1997, herein incorporated by reference. Disclosed therein are methods of preventing and, or treating primary and reoccurring squamous cell carcinoma of the oral cavity or oropharynx by topical administration to the oral cavity or oropharynx an effective amount of an NSAID.

6. Nutrients

Nutrients may improve the condition of the oral cavity and can be included in the oral care compositions or substances of the present invention. Nutrients include minerals, vitamins, oral nutritional supplements, enteral nutritional supplements, and mixtures thereof.

Minerals that can be included with the compositions of the present invention include calcium, phosphorus, fluoride, zinc, manganese, potassium and mixtures thereof. These minerals are disclosed in Drug Facts and Comparisons (loose leaf drug information service), Wolters Kluwer Company, St. Louis, Mo., © 1997, pp10-17; incorporated herein by reference.

Vitamins can be included with minerals or used separately. Vitamins include Vitamins C and D, thiamine, riboflavin, calcium pantothenate, niacin, folic acid, nicotinamide, pyridoxine, cyanocobalamin, para-aminobenzoic acid, bioflavonoids, and mixtures thereof. Such vitamins are disclosed in Drug Facts and Comparisons (loose leaf drug information service), Wolters Kluwer Company, St. Louis, Mo., ©1997, pp. 3-10; incorporated herein by reference.

Oral nutritional supplements include amino acids, lipotropics, fish oil, and mixtures thereof, as disclosed in Drug Facts and Comparisons (loose leaf drug information service), Wolters Kluwer Company, St. Louis, Mo., ©1997, pp. 54-54e; incorporated herein by reference. Amino acids include, but, are not limited to L-Tryptophan, L-Lysine, Methionine, Threonine, Levocarnitine or L- carnitine and mixtures thereof. Lipotropics include, but, are not limited to choline, inositol, betaine, linoleic acid, linolenic acid, and mixtures thereof. Fish oil contains large amounts of Omega-3 (N-3) Polyunsaturated fatty acids, eicosapentaenoic acid and docosahexaenoic acid.

External nutritional supplements include, but, are not limited to protein products, glucose polymers, corn oil, safflower oil, medium chain triglycerides as disclosed in Drug Facts and Comparisons (loose leaf drug information service), Wolters Kluwer Company, St. Louis, Mo., ©1997, pp. 55-57; incorporated herein by reference.

7. Enzymes

An individual or combination of several compatible enzymes can be included in the oral care composition or substance of the present invention. Enzymes are biological catalysts of chemical reactions in living systems. Enzymes combine with the substrates on which they act forming an intermediate enzyme-

substrate complex. This complex is then converted to a reaction product and a liberated enzyme which continues its specific enzymatic function.

Enzymes provide several benefits when used for cleansing of the oral cavity. Proteases break down salivary proteins which are absorbed onto the tooth surface and form the pellicle; the first layer of resulting plaque. Proteases along with lipases destroy bacteria by lysing proteins and lipids which form the structural component of bacterial cell walls and membranes. Dextranases break down the organic skeletal structure produced by bacteria that forms a matrix for bacterial adhesion. Proteases and amylases, not only prevent plaque formation, but also prevent the development of calculus by breaking-up the carbohydrate-protein complex that binds calcium, preventing mineralization.

Enzymes useful in the present invention include any of the commercially available proteases, glucanohydrolases, endoglycosidases, amylases, mutanases, lipases and mucinases or compatible mixtures thereof. Preferred are the proteases, dextranases, endoglycosidases and mutanases, most preferred being papain, endoglycosidase or a mixture of dextranase and mutanase. Additional enzymes suitable for use in the present invention are disclosed in U.S. Pat. No. 5,000,939 to Dring et al., Mar. 19, 1991; U.S. Pat. No. 4,992,420 to Neeser, Feb. 12, 1991; U.S. Pat. No. 4,355,022 to Rabussay, Oct. 19, 1982; U.S. Pat. No. 4,154,815 to Pader, May 15, 1979; U.S. Pat. No. 4,058,595 to Colodney, Nov. 15, 1977; U.S. Pat. No. 3,991,177 to Virida et al., Nov. 9, 1976 and U.S. Pat. No. 3,696,191 to Weeks, Oct. 3, 1972; all incorporated herein by reference.

8. Mouth and Throat Products

Other materials that can be used with the present invention include commonly known mouth and throat products. Such products are disclosed in Drug Facts and Comparisons (loose leaf drug information service), Wolters Kluwer Company, St. Louis, Mo., ©1997, pp. 520b-527; incorporated herein by reference. These products include, but, are not limited to anti-fungal, antibiotic and analgesic agents.

9. Antioxidants

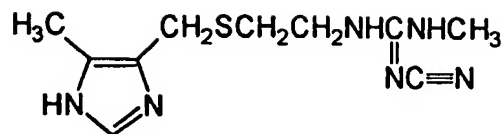
Antioxidants are generally recognized as useful in compositions such as those of the present invention. Antioxidants are disclosed in texts such as Cadenas and Packer, The Handbook of Antioxidants, © 1996 by Marcel Dekker, Inc., incorporated herein by reference. Antioxidants that may be included in the oral care composition or substance of the present invention include, but are not limited to Vitamin E, ascorbic acid, Uric acid, carotenoids, Vitamin A, flavonoids and polyphenols, herbal antioxidants, melatonin, aminoindoles, lipoic acids and mixtures thereof.

10. H-2 Antagonists

Histamine-2 (H-2 or H₂) receptor antagonist compounds (H-2 antagonists) may be used in the oral care composition of the present invention. As used herein, selective H-2 antagonists are compounds that block H-2 receptors, but do not have meaningful activity in blocking histamine-1 (H-1 or H₁) receptors. Selective H-2 antagonists stimulates the contraction of smooth muscle from various organs, such as the gut and bronchi; this effect can be suppressed by low concentrations of mepyramine - a typical antihistaminic drug. The pharmacological receptors involved in these mepyramine-sensitive histamine responses have been defined as H-1 receptors (Ash, A.S.F. & H.O. Schild, Brit. J. Pharmacol Chemother., Vol. 27 (1966), p. 427, incorporated herein by reference). Histamine also stimulates the secretion of acid by the stomach (Loew, E.R. & O. Chickering, Proc. Soc. Exp. Biol. Med., Vol. 48 (1941), p. 65, incorporated herein by reference), increases the heart rate (Trendelenburg, U., J. Pharmacol., Vol. 130 (1960), p. 450, incorporated herein by reference), and inhibits contractions in the rat uterus (Dews, P.B. & J.D.P. Graham, Brit. J. Pharmacol. Chemother., Vol. 1 (1946), p. 278, incorporated herein by reference); these actions cannot be antagonized by mepyramine and related drugs. The H-2 antagonists useful in the oral care compositions or substances are those that blockade the receptors involved in mepyramine-insensitive, non-H-1 (H-2), histamine responses, and do not blockade the receptors involved in mepyramine-sensitive histamine responses.

Selective H-2 antagonists are those compounds found to be H-2 antagonists through their performance in classical preclinical screening tests for H-2 antagonist function. Selective H-2 antagonists are identified as compounds which can be demonstrated to function as competitive or non-competitive inhibitors of histamine-mediated effects in those screening models specifically dependent upon H-2 receptor function, but to lack significant histamine antagonist activity in those screening models dependent upon H-1 receptor function. Specifically, this includes compounds that would be classified as described by Black, J.W., W.A.M. Duncan, C.J. Durant, C.R. Ganellin & E.M. Parsons, "Definition and Antagonism of Histamine H₂-Receptors", *Nature*, Vol. 236 (April 21, 1972), pp. 385-390 (Black), incorporated herein by reference, as H-2 antagonists if assessed as described by Black through testing with the guinea pig spontaneously beating right atria in vitro assay and the rat gastric acid secretion in vivo assay, but shown to lack in significant H-1 antagonist activity relative to H-2 antagonist activity, if assessed as described by Black with either the guinea pig ileum contraction in vitro assay or the rat stomach muscle contraction in vivo assay. Preferably selective H-2 antagonists demonstrate no significant H-1 activity at reasonable dosage levels in the above H-1 assays. Typical reasonable dosage level is the lowest dosage level at which 90% inhibition of histamine, preferably 99% inhibition of histamine, is achieved in the above H-2 assays.

Selective H-2 antagonists include compounds meeting the above criteria which are disclosed in U.S. Patents 5,294,433 and 5,364,616 Singer et al., issued 3/15/94 and 11/15/94 respectively and assigned to Procter & Gamble; both herein incorporated by reference. wherein the selective H-2 antagonist is selected from the group consisting of cimetidine, etintidine, ranitidine, ICIA-5165, tiotidine, ORF-17578, lupitidine, donetidine, famotidine, roxatidine, pifatidine, lamtidine, BL-6548, BMY-25271, zaltidine, nizatidine, mifentidine, BMY-52368, SKF-94482, BL-6341A, ICI-162846, ramixotidine, Wy-45727, SR-58042, BMY-25405, loxtidine, DA-4634, bisfentidine, sufotidine, ebrotidine, HE-30-256, D-16637, FRG-8813, FRG-8701, impromidine, L-643728, and HB-408. 4. Particularly preferred is cimetidine (SKF-92334), N-cyano-N'-methyl-N"-(2-(((5-methyl-1H-imidazol-4-yl)methyl)thio)ethyl)guanidine:



Cimetidine is also disclosed in the Merck Index, 11th edition (1989), p. 354 (entry no. 2279), and Physicians' Desk Reference, 46th edition (1992), p. 2228. Related preferred H-2 antagonists include burimamide and metiamide.

As previously mentioned, the oral care substance of the present invention can be in a variety of forms, but, most preferable is a gel, particularly an aqueous gel. The gel is a high viscosity matrix formed from gelling agents known in the art. These gelling agents are safe for oral use, do not readily dissolve in saliva, and do not react with or inactivate the oral care compounds incorporated into them. Generally, the gelling agent is a swellable polymer. Furthermore, the gel formed with these agents provides sufficient adhesive attachment of the film material to the targeted area of the mouth. The level of gelling agent to form the gel composition is from about 0.1% to about 15%, preferably from about 1% to about 10%, more preferably from about 2% to about 8%, and most preferably from about 4% to about 6%, by weight of the oral care composition or substance.

Suitable gelling agents useful in the present invention include carboxypolymethylene, carboxymethyl cellulose, carboxypropyl cellulose, polyoxamers, carrageenan, Veegum, carboxyvinyl polymers, and natural gums such as gum karaya, xanthan gum, Guar gum, gum arabic, gum tragacanth, and mixtures thereof. The preferable gelling agent for use in the present invention is carboxypolymethylene, obtained from B. F. Goodrich Company under the tradename Carbopol®. Particularly preferable Carbopols include Carbopol 934, 940, 941, 956 and mixtures thereof. Particularly preferred is Carbopol 956. Carboxypolymethylene is a slightly acidic vinyl polymer with active carboxyl groups. The normal concentration of various carboxypolymethylene resins in water, according to the manufacturer, is below about 2%. However, it has been found that by preparing supersaturated carboxypolymethylene compositions having

an absolute concentration in the ranges specified above, suitable high viscosity oral gel compositions may be prepared.

The concentrated carboxypolymethylene gels have a number of important characteristics in addition to high viscosity. Enough carboxypolymethylene is added to the oral gel compositions beyond that required to provide high viscosity such that a significant quantity of saliva or water is required to lower the viscosity to the point that the composition may be diluted and washed out by saliva. The concentrated carboxypolymethylene composition also has a unique tackiness or stickiness which retains and seals the strip material against the targeted oral cavity surface it is affixed to, particularly teeth. However, care should be taken to avoid too much carboxypolymethylene thereby making insertion or withdrawal of the strip material difficult.

If the oral care substance is an aqueous gel, the water present in the gel compositions should preferably be deionized and free of organic impurities. Water comprises from about 0.1% to 95%, preferably from about 5% to about 90%, and most preferably from about 10% to about 80%, by weight of the oral care substance. This amount of water includes the free water that is added plus that amount that is introduced with other materials.

A pH adjusting agent may also be added to optimize the storage stability of the gel and to make the substance safe for oral tissue. These pH adjusting agents, or buffers, can be any material which is suitable to adjust the pH of the oral care substance. Suitable materials include sodium bicarbonate, sodium phosphate, sodium hydroxide, ammonium hydroxide, sodium stannate, triethanolamine, citric acid, hydrochloric acid, sodium citrate, and combinations thereof. The pH adjusting agents are added in sufficient amounts so as to adjust the pH of the gel composition to about 4.5 to about 11, preferably from about 5.5 to about 8.5, and more preferably from about 6 to about 7. pH adjusting agents are generally present in an amount of from about 0.01% to about 15% and preferably from about 0.05% to about 5%, by weight of the oral care substance.

While the gel described above provides sufficient adhesiveness, additional gelling agents may also be included in the formula to help the active ingredients

adhere to the tissues of the oral cavity. Suitable agents include both polymers with limited water solubility as well as polymers lacking water solubility. These polymers deposit a thin film on both the oral cavity's soft and hard tissues when saliva combines with the instant composition. Suitable limited water solubility adhesives include: hydroxy ethyl or propyl cellulose. Adhesives lacking water solubility include: ethyl cellulose and polyox resins. Another possible adhesive suitable for use in the instant composition is polyvinylpyrrolidone with a molecular weight of about 50,000 to about 300,000. Still another possible adhesive suitable for use in the instant composition is a combination of Gantrez and the semisynthetic, water-soluble polymer carboxymethyl cellulose.

An additional carrier material may also be added to the oral care substance. Carrier materials can be humectants. Suitable humectants include glycerin, sorbitol, polyethylene glycol, propylene glycol, and other edible polyhydric alcohols. Humectants are generally present in an amount of from about 10% to about 95% and preferably from about 50% to about 80%, by weight of the oral care substance or composition. In addition to the above materials of the gel of the present invention, a number of other components can also be added to the oral care substance. Additional components include, but are not limited to, flavoring agents, sweetening agents, xylitol, opacifiers, coloring agents, and chelants such as ethylenediaminetetraacetic acid. These additional ingredients can also be used in place of the compounds disclosed above.

The Release Liner

The release liner may be formed from any material which exhibits less affinity for the oral care substance than the oral care substance exhibits for itself and for the strip of material. The release liner preferably comprises a rigid sheet of material such as polyethylene, paper, polyester, or other material which is then coated with a non-stick type material. The release liner material may be coated with wax, silicone, teflon, fluoropolymers, or other non-stick type materials. A preferred release liner is Scotchpak®, produced by 3M. The release liner may be cut to substantially the same size and shape as the strip of material or the release liner may be cut larger than the strip of material to provide a readily accessible

means for separating the material from the strip. The release liner may be formed from a brittle material which cracks when the strip is flexed or from multiple pieces of material or a scored piece of material. Alternative, the release liner may be in two overlapping pieces such as a typical adhesive strip bandage design. A further description of materials suitable as release agents is found in Kirk-Othmer Encyclopedia of Chemical Technology, Fourth Edition, Volume 21, pp. 207-218, incorporated herein by reference.

EXAMPLES

The strip of material 12 is preferably a 0.013 thick piece of polyethylene film. The film preferably has an array of shallow pockets, typically 0.4 mm across and 0.1 mm deep. The strip of material 12 has a flexural stiffness of about 0.6 grams/centimeter as measured on a Handle-O-Meter, model #211-300, available from Thwing-Albert Instrument Co. of Philadelphia, PA, as per test method ASTM D2923-95.

An example of a tooth whitener is a gel described as follows: combine 70% glycerin, 5% carboxypolymethylene, 10% carbamide peroxide, and 15% water adjusted to pH 6.5 with sodium hydroxide. Mix until homogeneous. Commercial tooth whiteners, such as Opalescence and Nu-Pro Gold are also operable with the delivery system of the present invention.

An example of an oral gel composition of the subject invention containing H-2 antagonists, made by routine processing methods, comprises mixing 2.50% hydroxyethyl cellulose, 0.09% sodium fluoride, 0.05% sodium saccharin, 1.00% ranitidine, and purified water q.s.

An example of an oral gel composition of the subject invention containing enzymes, made by routine processing methods, comprises 61.814% sorbitol, 0.314% Carbopol 956, 0.534% xantham gum, 1.132% citric acid, 6.291 sodium citrate, 5.033% sodium lauroyl sarcosinate (30% solution), 7.864% endoglycosidase (3.2% solution), 0.305% sodium fluoride, water q.s.

Method of Use

In practicing the present invention, a strip of material is applied to the desired oral surface by the wearer. The side of the material facing the oral

surface is coated with an oral care substance that is preferably in a highly viscous state. This oral care substance provides a vehicle for the active as well as tackiness between the oral surfaces and the strip of material, holding the strip of material in place for extended periods of time. For oral care actives other than teeth whiteners, the period over which the strip of material is used is from about one to thirty minutes. For actives that require long term diffusion into the oral surface, such as teeth whiteners, the strip of material is used for periods necessary to deliver the active in the dose required for providing the benefit sought. This period may be for a half an hour to several hours.

The strip of material readily conforms to the oral care surface by lightly pressing it there against. The strip of material is easily removed by the wearer by peeling it off using a finger or fingernail. Preferably each successive treatment uses a fresh strip of material.

In the situation where the oral care surface is the surface of teeth, it is not unnecessary to prepare the teeth surface before applying the delivery system of the present invention. For example, the wearer may or may not choose to brush his teeth or rinse his mouth before applying the delivery system. The surfaces of the teeth are not required to be dried or to be excessively wet with saliva or water before the strip of material is applied.

Preferably, the strip of material and substances are almost unnoticeable when worn, preferably transparent. Thinness of the strip of material may also provide higher temperature of the oral surface wherein the warmer temperature accelerates the rate of diffusion of the active material into the oral surface.

When the wearer removes the strip of material from the tooth, there may be a residual amount of oral care substance remaining on the surface. The amount of residual oral care substance, however, will not be great since it has affinity for both the film and for itself. Any residual oral care substance may be easily removed by wiping, brushing or rinsing the oral surface.

While particular embodiments of the present invention have been illustrated and described, it will be obvious to those skilled in the art that various changes and modifications may be made without departing from the spirit and

scope of the invention, and it is intended to cover in the appended claims all such modifications that are within the scope of the invention.

What is claimed is:

1. A delivery system for delivering an oral care substance to a surface of the oral cavity, said delivery system comprising:

- a. a strip of flexible material having a sufficient flexibility to form a curved shape on an oral surface, preferably having a substantially constant flexural stiffness of less than 5 grams/centimeter as measured on a Handle-O-Meter per ASTM test method D2923-95; said strip of material, preferably material that is compatible with an oral care substance more preferably substantially water impermeable and most preferably polyethylene, being readily conformable to the oral surface without permanent deformation when said delivery system is placed there against, preferably capable of recovery from said deformed state in the absence of adhesive forces due to said oral care substance; and
- b. an oral care substance, preferably a gel, applied to said strip of material, preferably as a substantially uniform continuous coating on said strip of material such that when said delivery system is placed on said oral surface said substance contacts said surface providing an active onto said surface, said substance also providing adhesive attachment between said strip of material and said surface to hold said delivery system in place for a sufficient time to allow said active to act upon said surface.

2. The delivery system of Claim 1 where said active in said substance is selected from the group consisting of teeth whitening actives, phosphates, fluoride ion sources, antimicrobial agents, anti-inflammatory agents, nutrients, enzymes, mouth and throat products, antioxidants, H-2 antagonists and mixtures thereof.

3. The delivery system of Claims 1 and 2 wherein said strip of material and said substance applied thereon have an overall thickness less than 1 mm, preferably having a nominal film thickness of less than 0.1 mm, most preferably where said strip of material and said substance are substantially unnoticeable by others when worn.
4. The delivery system of Claims 1, 2 and 3 wherein said strip of material with said substance has a peel force of less than 50 grams, preferably a peel force such that the strip of material with said substance is removable from said oral cavity surface without the use of an instrument, chemical solvent or excessive friction.
5. The delivery system of Claims 1 through 4 wherein the delivery system is applied to adjoining soft tissue of said plurality of teeth in addition to tooth surfaces, preferably wherein the said tooth surface is not required to be prepared before application of said delivery system.
6. The delivery system of Claims 1 through 5 wherein said strip of material has shallow pockets on a oral care substance-coated side of said strip of material, said shallow pockets having a oral care substance located therein.
7. The delivery system of Claims 1 through 6 where said substance comprises an amount of carboxypolymethylene from 0.5% to 12%, by weight of the oral care substance.
8. The delivery system of Claims 1 through 7 wherein said substance comprises an amount of water from 0.1% to 95%, by weight of the oral care substance.
9. The delivery system of Claims 1 through 8 further comprising a release liner.

10. A method of delivering a an oral care substance to the surface of the oral cavity said method comprising the steps of:
 - a. applying said substance onto a conformable strip of material having a sufficient flexibility to form a curved shape on an oral surface, preferably having a substantially constant flexural stiffness of less than 5 grams/centimeter as measured on a Handle-O-Meter per ASTM test method D2923-95; said strip of material, preferably material that is compatible with an oral care substance more preferably substantially water impermeable and most preferably polyethylene, being readily conformable to the oral surface without permanent deformation when said delivery system is placed there against, preferably capable of recovery from said deformed state in the absence of adhesive forces due to said oral care substance; and
 - b. applying said conformable strip of material with said substance preferably a gel, applied to said strip of material, preferably as a substantially uniform continuous coating on said strip of material such that when said delivery system is placed on said oral surface said substance contacts said surface providing an active onto said surface, said substance also providing adhesive attachment between said strip of material and said surface to hold said delivery system in place for a sufficient time to allow said active to act upon said surface without permanent deformation of said strip of material.

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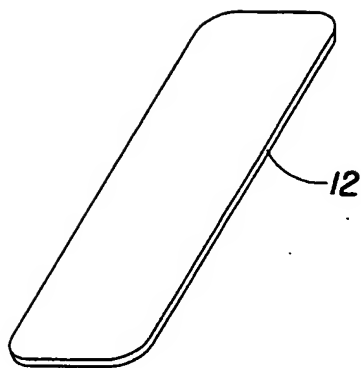


Fig. 1

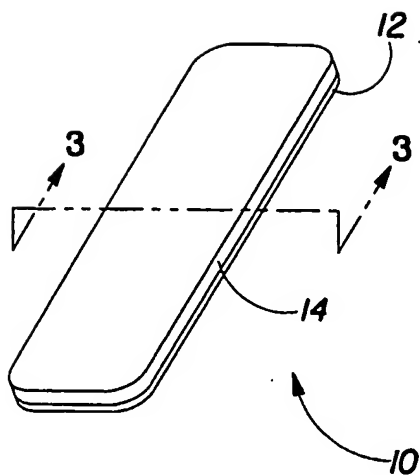


Fig. 2

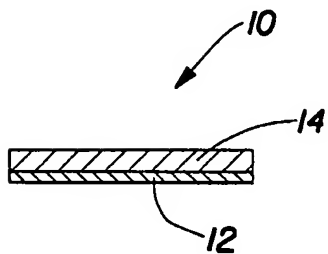


Fig. 3

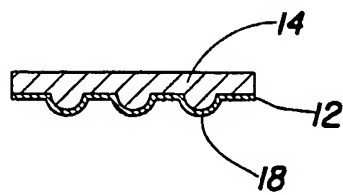


Fig. 4

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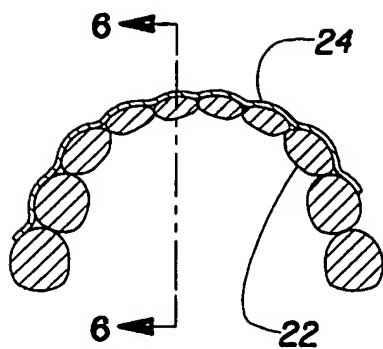


Fig. 5

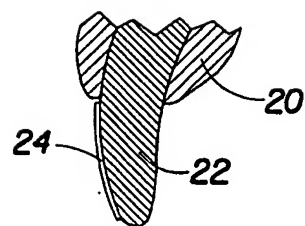


Fig. 6

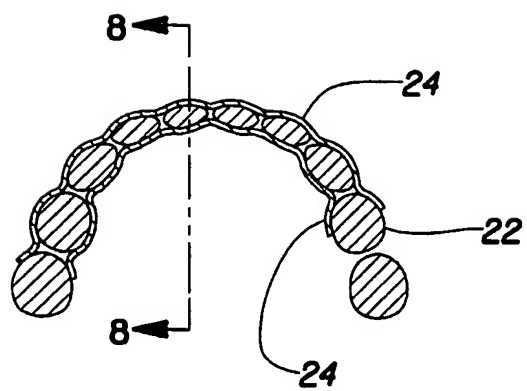


Fig. 7

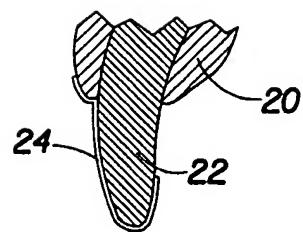


Fig. 8

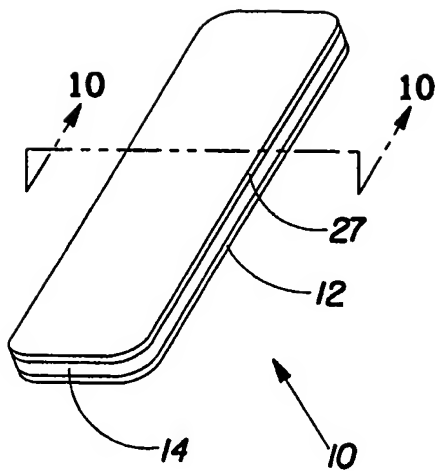


Fig. 9

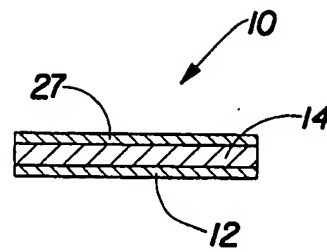


Fig. 10